

Washington Metropolitan Area Transit Commission

2010 Carrier Annual Report Form

PLEASE NOTE:

- Each carrier holding a WMATC certificate of authority on January 1, 2010, must file a complete 2010 annual report and pay a \$150 annual fee on or before **February 1, 2010**. To be timely, the report and fee must be received at WMATC's office by this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$100 late fee**. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **\$100 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 4, 2010.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

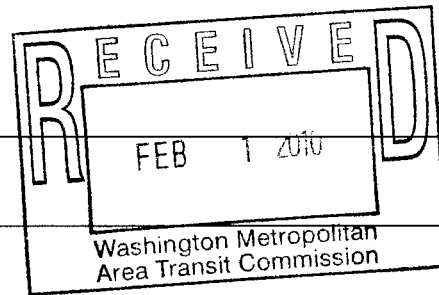
1. ANNUAL REPORT OF:

1345 | My Own Place, Inc.

*WMATC No. | *Name of Carrier (as shown on certificate of authority)

817 Varum Street, N.E., #132, Washington, DC 20017-2144

*Street Address of Principal Place of Business



Mailing Address (if different from street address)

(202) 580-6700

*Telephone Number

Other Telephone

(202) 526-7572

Fax Number

aslye@myownplaceinc.org

E-mail

2. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Rosita Stevens Holsey
Ms. Rosita Stevens Holsey

*Name

Director of Operations

*Title

(202) 580-6708

*Telephone Number

(202) 386-4404

Other Telephone

(202) 526-7572

Fax Number

rsolsey
rsolsey@myownplaceinc.org

E-mail

3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*(Complete **ONLY** if Street Address in item 1 is **OUTSIDE** Metropolitan District):

Name of Registered Agent for Service of Process

Street Address

Telephone Number

Other Telephone

Fax Number

E-mail

(continued on next page)

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- [illegible]

Thomas J Dempsey

*Name (Type or Print)

CFo

*Title

***Date**

rev. 12/23/09

2010 Annual Report: Revenue Vehicle List

Name: My Own Place, Inc.

Trade Name:

Carriers are required to provide a complete list of revenue vehicles used in WMATC operations. You may choose from the following options: (1) list your vehicles in the space provided on page 2 of the annual report form; (2) make any necessary corrections to this list and submit it with your annual report; or (3) attach your own vehicle list. Failure to report revenue vehicles may result in a civil forfeiture.

☒ Check this box if all information on this list is complete and accurate.

Fleet No.	*Model Year	*Make	*VIN (17 digits)	*Plate	*State Registered	*Capacity
	2005	Ford	2FMZA50625BA22296	45850B	MD	7
	2006	Ford	1FBNE31L16HA05093	45853B	MD	15
	2006	Ford	1FBNE31L86HA38186	B43498	DC	7
	2004	Ford	2FMZA50674BA07646	45859B	MD	7
	2006	Ford	2FMZA516X6BA27021	45852B	MD	7
	2005	Ford	1FBNE31L16HA05000	B43499	DC	7
	2005	Ford	2FMZA50625BA31774	45851B	DC	7
	2005	Ford	2FMZA50625BA39695	B43497	DC	7
	2005	Ford	2FMZA50625BA35503	45860B	MD	7
	2005	Ford	1FBNE31L65HA10577	45858B	MD	15

